



Reference Form

3000 W. MacArthur Blvd., Kwave Building, Second Floor
 Santa Ana, CA 92704
 PH: 714.966.8500

Pastoral Reference

Applicant Name:	Middle Initial:	Last:
Home address:	City:	State: Zip Code:
Applicant Home/Cell Phone Number:		E-mail Address:

- "I waive my right to read this reference."
- "I do not waive my right to read this reference."

_____ / _____
 Student Signature Date

The above student has requested a reference from you in order to complete his/her application for admittance to Veritas International University. Please answer the following questions to the best of your knowledge and return reference to the student in a securely sealed envelope with your signature over the seal. You may also mail your reference form to the VIU Office. Please do not email or fax reference form.

Name:	Date:	Phone Number:
Church Name:	Position:	
Address:		
City:	State:	Zip Code:

1. How long have you known the applicant?
2. In what capacity have you known the applicant?
3. How long has the applicant been a Christian?
4. What evidence have you seen in the student's life that demonstrates his commitment to Christ?

5. Has the student been involved in ministry at your church? Yes No
 If yes, what kind?

Evaluation

Please circle the appropriate number on the following questions; 1 being the lowest rating and 6 being the highest. Use “?” if your knowledge of the applicant is insufficient.

Responsibility	1	2	3	4	5	6
Adaptability	1	2	3	4	5	6
Cooperation/Teamwork	1	2	3	4	5	6
Spiritual Maturity	1	2	3	4	5	6
Church Involvement	1	2	3	4	5	6
Emotional Stability	1	2	3	4	5	6
Communication	1	2	3	4	5	6
Humility	1	2	3	4	5	6
Social Appropriateness	1	2	3	4	5	6
Doctrinal Understanding	1	2	3	4	5	6
Personal Recommendation (check one)						
<input type="checkbox"/> Do not Recommend <input type="checkbox"/> Recommend with Reservation <input type="checkbox"/> Recommend <input type="checkbox"/> Highly Recommend						

Please state any concerns or further recommendations that would assist us in the selection of this applicant.

Signature

Date:



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General Reference #1

Applicant Name:	Middle Initial:	Last:
Home address:	City:	State: Zip Code:
Applicant Home/Cell Phone Number:		E-mail Address:

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_____/_____
 Student Signature Date

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Name:	Date:	Phone Number:
Business Name:	Position:	
Address:		
City:	State:	Zip Code:

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Signature

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